

OCT 06 2010



**FARJAMI & FARJAMI LLP**  
AN INTELLECTUAL PROPERTY LAW FIRM

www.farjami.com

26522 La Alameda Avenue, Suite 360  
Mission Viejo, California 92691  
tel: (949) 282-1000  
fax: (949) 282-1002

**FACSIMILE TRANSMISSION COVER SHEET**

Date: October 6, 2010  
To: United States Patent and Trademark Office  
Examiner: Rutland Wallis, Michael; Art Unit: 2836  
Fax: (571) 273-8300  
Re: **Application Serial No.: 10/650,246**  
Filing Date: 8/28/2003; First-Named Inventor: Athari  
Attorney Docket No.: 0400196  
From: Farjami & Farjami LLP

Number of pages including the cover sheet: 22

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated April 9, 2010.

Payment for the Third Month Extension Fee in the Amount of \$1,110.00 is hereby enclosed on Form PTO-2038.

Thank you.

The documents accompanying this facsimile contain PRIVILEGED AND CONFIDENTIAL information intended only for use of the individual or entity named above. If you are not the intended recipient, disclosure, copying, distribution or use of the contents of this facsimile information is prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via U.S. Postal Service. We will reimburse you for all expenses incurred.

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Attorney Docket No.: 0400196

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: AthariSERIAL NO.: 10/650,246 FILED: 08/28/2003FOR: Active EMI Filter for Power Switching Circuit Output

HONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.

☒ The fee has been calculated as shown below:

☒ EXTENSION FEE

|                                    | RATE<br>Non-Small Entity | RATE<br>Small-Entity | FEE        |
|------------------------------------|--------------------------|----------------------|------------|
| FIRST MONTH AFTER TIME PERIOD SET  | 130.00                   | 65.00                | \$         |
| SECOND MONTH AFTER TIME PERIOD SET | 490.00                   | 245.00               | \$         |
| THIRD MONTH AFTER TIME PERIOD SET  | 1,110.00                 | 555.00               | \$1,110.00 |
| FOURTH MONTH AFTER TIME PERIOD SET | 1,730.00                 | 865.00               | \$         |

☒ TOTAL EXTENSION FEE \$ 1,110.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

|                                                | Column 1<br>Number of<br>Claims after<br>Amendment | Column 2<br>Number<br>Previously<br>Paid for | Column 3<br>Number of<br>Extra<br>Claims | RATE<br>Non-Small<br>Entity | RATE<br>Small Entity | FEE |
|------------------------------------------------|----------------------------------------------------|----------------------------------------------|------------------------------------------|-----------------------------|----------------------|-----|
| TOTAL CLAIMS                                   |                                                    | MINUS **20                                   | * =                                      | x 52                        | x 26                 | \$  |
| INDEPENDENT                                    |                                                    | MINUS ***3                                   | * =                                      | x 220                       | x 110                | \$  |
| First presentation of multiple dependent claim |                                                    |                                              |                                          | + 390                       | + 195                | \$  |

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.  
 \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.  
 \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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Attorney Docket No.: 0400196

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 1,110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731.

Date: 10/6/10By: 

Michael Farjami, Reg. No. 38,135

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date: 10/6/10Signature: Jembier DavalosName of Person Performing Facsimile Transmission: Jembier Davalos

Michael Farjami, Esq.  
Farjami & Farjami LLP  
26522 La Alameda Ave., Suite 360  
Mission Viejo, CA 92691  
Telephone: (949) 282-1000  
Facsimile: (949) 282-1002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Typed or Printed Name of Person Mailing Paper and/or Fee: \_\_\_\_\_